Attorney Docket No. 2450–0519P

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • · Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the

Insert Title:	"MULTI-DETECTI	ON APPARATUS"						
Fill in Appropriate Information - For Use Without Specification Attached:	the specification United States and amended the specification International A	on was filed on Application Number		hereto,	(if applicable) and/or as PCT			
	I hereby state amended by any a: I acknowledge Regulations, \$1.56 I do not know thereof, or patentec year prior to this applicate of this applicate of this applicate or inventor's application by mediapplication by mediapplication inventor's certification gate before	that I have reviewed mendment referred to the duty to disclose and do not believe the lor described in any poplication, that the sation, that the inventiation in any country ssigns more than twe certificate on this invor my legal represent foreign priority beneate listed below and I that of the application	and understand the oblive. e information which e same was ever know printed publication is me was not in public on has not been pater foreign to the Unit elve months (six mon vention has been filed tatives or assigns, exc fits under Title 35, U.	is material to patentability as defi or or used in the United States of Ar n any country before my or our inve- cuse or on sale in the United States ted or made the subject of an inver- ed States of America on an applica- tion of designs) prior to this applica- tion any country foreign to the Unite tept as follows.	cification, including the claims, ned in Title 37, Code of Feder nerica before my or our invention, thereof or more than one year, of America more than one year, or certificate issued before the cation filed by me or my legation, and that no application filed States of America prior to the content of the			
Insert Priority	Prior Foreign App	lication(s)		Priority Claimed				
Information: (if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No			
	(Number) I hereby claim the h	(Country)	United States Code	(Month/Day/Year Filed)	Yes No			
Insert Provisional	,	enem under Thie 55	, Officed States Code	, §119(e) of any United States provis	sional applications(s) listed below			
Application(s): (if any)	(Application Numb	er)	-	(Filing Date)				
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country	Α	pplication Number	Date of Filing (Mo	onth/Day/Year)			
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Numbe	 -	iling Date)		, pending, abandoned)			
Page 1 of 2	(Application Numbe	r) (Fi	lling Date)	(Status - patented	pending, abandoned)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Eric KAO	- The	July 7	, 2003			
Residence (City, State & Country)		CITIZENSHIP				
Taoyuan Hsien, Taiwan, R.	O.C.	Taiwan, R.O.C.				
MAILING ADDRESS (Complete Street A	Address including City, State & Country)					
6Fl., No. 609, Wan Shou Ro	ad Sec. 1, Kweishan, Taoyua	an Hsien, Taiwan, R	.O.C.			
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Residence (City, State & Country)	:	CITIZENSHIP				
MAILING ADDRESS (Complete Street A	Address including City, State & Country)		····			
	g - y - z - z - z - z - z - z - z - z - z					
CIMENIALANE FEARILMANANE						
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Residence (City, State & Country)		CITIZENSHIP				
MAILING ADDRESS (Complete Street Address including City, State & Country)						
GIVEN NAME/FAMILY NAME		DATES				
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
GIVEN NAME/FAMILY NAME Residence (City, State & Country)		DATE*				
Residence (City, State & Country)	INVENTOR'S SIGNATURE					
	INVENTOR'S SIGNATURE					
Residence (City, State & Country) MAILING ADDRESS (Complete Street A	INVENTOR'S SIGNATURE					
Residence (City, State & Country)	INVENTOR'S SIGNATURE					
Residence (City, State & Country) MAILING ADDRESS (Complete Street A	INVENTOR'S SIGNATURE ddress including City, State & Country)	CITIZENSHIP				
Residence (City, State & Country) MAILING ADDRESS (Complete Street A	INVENTOR'S SIGNATURE ddress including City, State & Country)	CITIZENSHIP DATE*				
Residence (City, State & Country) MAILING ADDRESS (Complete Street A. GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE ddress including City, State & Country)	CITIZENSHIP				
Residence (City, State & Country) MAILING ADDRESS (Complete Street A. GIVEN NAME/FAMILY NAME Residence (City, State & Country)	ddress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP DATE*				
Residence (City, State & Country) MAILING ADDRESS (Complete Street A. GIVEN NAME/FAMILY NAME	ddress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP DATE*				
Residence (City, State & Country) MAJLING ADDRESS (Complete Street A GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAJLING ADDRESS (Complete Street A)	ddress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP DATE*				
Residence (City, State & Country) MAILING ADDRESS (Complete Street A. GIVEN NAME/FAMILY NAME Residence (City, State & Country)	ddress including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP DATE*				
Residence (City, State & Country) MAILING ADDRESS (Complete Street A GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address) GIVEN NAME/FAMILY NAME	ddress including City, State & Country) INVENTOR'S SIGNATURE ddress including City, State & Country)	CITIZENSHIP DATE* CITIZENSHIP				
Residence (City, State & Country) MAJLING ADDRESS (Complete Street A GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAJLING ADDRESS (Complete Street A)	ddress including City, State & Country) INVENTOR'S SIGNATURE ddress including City, State & Country)	CITIZENSHIP DATE* CITIZENSHIP				
Residence (City, State & Country) MAILING ADDRESS (Complete Street A GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address) GIVEN NAME/FAMILY NAME	ddress including City, State & Country) INVENTOR'S SIGNATURE ddress including City, State & Country)	CITIZENSHIP DATE* DATE*				